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Passed March 24 1825

W. S. H

Inaugural Essay on Rheumatismus acutus

by John R Wise of Va

March 10th 1825.

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Rheumatismus Acutus. Class Pyrexiæ order Phlegmasiæ of Cullen, who defines it to be a disease from an external and often evident cause, attended by Pyrexia, pains about the joints following the course of the muscles, fixing on the larger joints in preference to those of the feet and hands. increased by external heat.

It occurs most frequently in autumn and spring, when there are sudden vicissitudes of weather; but may happen at any season if those changes are for the time present.

Sometimes the pains take the precedency of the fever; but in other cases the fever appears first, and the local affection does not discover itself till a few days afterwards.

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The symptoms are the same as of fever from any other cause - such as cold chill - succeeded by a full, frequent and hard pulse - flushings of the face and partial heats; aversion to food, general lassitude, and depression of spirits, more or less of soreness and aching over different parts of the body. The tongue becomes coated with fur of a brownish hue, the thirst insatiable bowels costive, urine scanty and high-coloured, depositing during the course of the disease a lateritious sediment. In the course of a short time pains are felt in different parts: most commonly the larger joints - the hips and knees of the lower, and shoulders and elbows of the upper extremities - we should recollect, however, that

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the smaller joints are not entirely free from its attacks; more especially the ancles and wrists.
The Pyrexia suffers an exacerbation every evening, which is most considerable during the night, at which time the Pains also are much aggravated, and exceedingly prone to shift from one joint to another.
The limb which is the immediate seat of the disease, sooner or later becomes affected with redness and swelling at the coming on of which Symptoms, there is most generally an abatement of the pain: but this does not invariably happen.
We are told by Cullen, that early in the course of this disease there is some sweating; but that it is seldom

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free or copious, and seldom either relieves the pain or proves critical.
Blood drawn in this disease exhibits an inflammatory or size appearance.
Rheumatism differs from common inflammation in this (viz) that it very rarely terminates in suppuration, or gangrene; some Authors have gone even so far as to affirm that it never does terminate in this manner; but this is contradicted by the observation of Dr. Good, who says, that, in one or two instances he himself had been witness to an extensive abscess. I have also seen a case of the same nature, which occured to my preceptor Dr John R. Purnell of Maryland. here, it became necessary after trying by every possible means to bring about absorption of the pus

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to make an opening through which it might be discharged. considerable difficulty was experienced in causing the opening thus made to cicatrize; this was however ultimately accomplished and the patient perfectly recovered. Great diversity of opinion exists relative to the most common seat of this disease; some supposing it to be seated in the blood vessels, whilst others hold it to be seated in the bursa mucosa and contiguous tendinous membranes. Others again will tell us, that the muscular organs are alone affected. Bichat observes that "it is yet to be ascertained which is attacked the muscular or fibrous texture." we can account for this difference of opinion in

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no other way, than by attributing it to the want of opportunities for ascertaining the morbid anatomy of the disease.
A hereditary structure is assumed by Scudamore as one of the remote causes of this disease; but says he "it is obvious that the inference can be drawn only from general reasonings and not from demonstration."
The fact, that, some persons are more liable than others to an attack, when equally exposed to its exciting causes, would seem to favour such an opinion; though, this might be owing to some peculiar idiosyncracy of constitution independently of any hereditary predisposition.
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is the application of cold to the whole, or part of the body, when unduly heated by exercise or otherwise, wearing wet or moist clothes, or sleeping in damp sheets; strains, and spasms indeed, external injuries of any kind may be enumerated as sometimes laying the foundation of this disease.

We now come to the consideration of the proximate cause, and here again we shall find great difference of opinion amongst writers. Sydenham supposes the proximate cause to consist in a derivation of morbific matter to the limb. This hypothesis I believe has been long abandoned

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by Physicians of the present day as partaking too much of the notions of the humoral Pathologists. Cullen believes, that, cold which is the most common remote cause produces constriction of the extreme vessels on the surface, and a phlogistic diathesis in the course of them, which causes an increased impetus of blood and resistance to the free passage of it. Neither of the above mentioned theories comport with the views, which I entertain relative to the proximate cause of inflammation. I concur with Dr. Caldwell in attributing the increased determination of blood, which always happens; to the action of cold, which is the

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most frequent reason cause, on the capillaries, by which they are debilitated or paralyzed in such a manner as to render them unable to propel their contents; a stagnation of blood takes place, because there is no power to keep it in motion. The vis a tergo, or force from behind continuing the same - produces an accumulation or undue determination of blood to the part thus debilitated. The diseases with which Rheumatism is most liable to be confounded are Gout, Scurvy & Syphilis, and great difficulty is sometimes experienced in distinguishing between those affections. The following circumstances will generally serve

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to distinguish it from Gout, the former (i.e.) Rheumatism comes on more gradually, and has more regularly marked exacerbations. and less clear remissions. it is also much less connected with symptoms of dyspepsia, or disordered condition of the stomach; to which may be added the seldomness with which it attacks the joints of the toes and fingers, which we all know is the most common seat of attack of the Gout.

As relates to the other diseases with which Rheumatism is apt to be confounded, we may generally arrive at a tolerably just degree of accuracy, by a minute examination into the previous histories and habits

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This disease seldom terminates fatally unless by metastasis, or translation of action to some vital part or organ. Such cases are exceedingly rare in comparison with the great number affected, and hence we may generally prognosticate favourably of the disease.

The duration of an attack of Rheumatism will depend in a great measure on the mode of practice that is pursued; seldom continuing (if properly managed) longer than three or four weeks.

Called to a case such as I have been treating of; we can scarcely be at a loss, as to the proper measures to be adopted; the prompt-

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detraction of blood is indispensable; and the propriety of its repetition will be clearly indicated, both by the good effects which it may have produced, and by the urgency of the subsequent symptoms. Sydenham in his first essay on Rheumatism, advocates the propriety of bleeding as the chief remedy which should be employed in the cure. In a subsequent treatise on the Epidemic diseases from the year 1675 to 1680 he appears to regret the practice of taking away blood so freely, as he had before been in the habit of recommending. On a subsequent occasion however he still appears partial to the practice of bleeding.

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Pringle, in his account of the diseases of the army, also informs us of the successful treatment of acute Rheumatism by repeated bleedings.
By Cullen blood-letting is considered the chief remedy of Acute Rheumatism "The blood ought to be drawn (says he) in large quantity, and the bleeding is to be repeated, in proportion to the frequency, fulness, and hardness of the pulse, and to the violence of the pain."
His fears, however of profuse bleedings being apt to produce Chronic Rheumatism seems to me to be entirely without foundation: for I believe, that when ever the acute is changed into chronic Rheumatism it is caused rather by deficiency, than excess of blood letting.

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enough has now been said to convince us of the vast importance of the remedy in the management of this disease.

Cathartics are also very serviceable in the early treatment of this disease. Under their operation, the circulation becomes moderated, and the phlogistic diathesis subdued. This practice has been objected to by Authors on the ground, that, they do as much harm by the motion which they compel the patient to make, as they do good by their power of evacuation. Whether this be the fact or not, I am unable to say from my own observation, but if we can credit the accounts of a writer of no ordinary character,

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when he says, that "in proportion as we pursue this practice upon a continued principle from day to day, do we obtain its good effects in acute Rheumatism" we cannot but conclude that this is not the case. The best Cathartics for the purpose are the saline either alone or in union with an infusion of Senna and Manna.

What shall we say of the use of Emetics in the cure of this disease? It was the favourite practice of Haggarth to administer Emetics, until the stomach, and bowels were completely cleansed, at the very onset of an attack, and we are told by professor Chapman, that in that species of Rheumatism originating

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in miasmatic districts, when the attack is blended with intermittent fever, and great accumulations of bile. he has seen it do good in one case.
After arterial action and general excitement, have been sufficiently reduced by the above mentioned remedies, we may then have recourse to diaphoretics; these are medicines which promote the natural discharge from the surface of the body - for this purpose the nitrous powder in combination with Calomel and tartarized antimony is an excellent formula. The hourly exhibition of one or two grains of Ipecacuanha, and ten or twelve of Nitre constitute also

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an excellent sudorific process. we must not pass by unnoticed the Dovers powder: this is well adapted to the secondary stages of this disease, when febrile excitement has been completely subdued by measures formerly pointed out. it is recommended that the sweating should be kept up in obstinate cases, for not less on an average than twenty four hours. Many other diaphoretics might be mentioned: but as most of them are of minor importance, we shall not occupy our time in enumerating them.
No little difference of opinion prevails as to the propriety of using the Peruvian Bark in acute Rheumatism, whilst one set of practitioners, most highly

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extol it, there are others, who utterly condemn its use in the early or inflammatory stage. among those who speak favourably of it, may be mentioned the names of Haggarth, Fothergill and Saunders. The former of whom (i.e) Haggarth goes so far as to say that "Bark in Rheumatism is only inferior to Mercury in Syphilis." I have never seen the medicine tried in the early or inflammatory stage, but should suppose it injurious, and with professor Chapman should say "that generally speaking it is best suited to the convalescence, to recruit strength and confirm recovery."

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Topical evacuations by cups and leeches are of great service in the cure of this disease, and may be employed when general bleeding from any cause is inadmissible, or as an auxiliary to it. They should never be neglected, if the pain, and inflammation are severe.
After the inflammation has been reduced by the remedies formerly pointed out; we shall find the application of a blister to the pained part of much benefit. As a local remedy the Datura stramonium has been recommended: the leaves steeped in brandy, and applied to the limb, is the best mode of application. it is said that it sometimes affords

much relief.
When all the remedies above enumerated have failed to give relief. it is recommended to resort to the use of mercury with a view to a salivation as a dernier alternative. The propriety of this measure has been disputed by Clarke. a writer on the diseases of long voyages. he says that "though mercury was otherwise of the greatest importance, it never failed to aggravate and protract the complaint when it touched the mouth." In this I must disagree with him, having witnessed its beneficial effects so very frequently in the practice of the Pennsylvania Hospital. where every other remedy had failed.
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That cases do sometimes occur, where the disease will not yield until the mouth is touched; and to accomplish a radical cure the mercurial impression must be sustained for a considerable period.
When the disease is removed and nothing, but its effects remain the various Tonics become proper: such as Bark, Mineral acids Martial preparations &c &c The stiffness of the limb, which sometimes follows, is to be overcome by exercise, and friction.
The prophylactic management consist in the employment of those measures, which are calculated to strengthen the body, and fortify it against the impressions of those

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agents which are most instrumental in the production of the disease. I need hardly mention that wearing flannel next the skin especially during the winter season is of great importance.

The diet should be of the most simple, and abstemious kind, such as barly water, rice water, currant jelly dissolved in water, and other bland articles. Animal food in all cases should be strictly forbidden.

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Acute Rheumatism

No 27 Damon St.

Willie Jones

Passed March 22d 1825